



Mercer County
Housing and Community Development
APPLICATION FOR HOUSING
VETERANS RESIDENCE

NOTE: This form requests specific personal and financial information to be used for determining eligibility and for statistical purposes. **All information contained herein will remain strictly confidential.**

APPLICANT INFORMATION

Name	Contact Person	
Address	City	Zip Code
Mailing Address or P.O. Box (if different from above)		
Home Phone	Work Phone	Contact Phone
Are you a veteran? Yes / No (Attach DD214)		

HOUSEHOLD INFORMATION

Name	Applicant	Date of Birth	Social Sec. No.	Annual Income
Name (Co-Applicant)	Relationship	Date of Birth	Social Sec. No.	Annual Income
Total Annual Household Income				

STATISTICAL DATA

Ethnicity:	African American/Black	American Indian/Alaskan Native	
	Asian	Native Hawaiian/Pacific Islander	
	Hispanic/Latino	Caucasian/White	

Other (Please Specify)

PERSONAL PROFILE

Do you have a disability? Yes / No If yes, explain:

(This information is requested so appropriate living arrangements can be made.)

Have you ever been convicted of a crime? Yes / No If yes, explain:

Do you have any drug or alcohol dependencies? Yes / No If yes, explain:

Are you willing to participate in developing a plan that will lead to independent housing? Yes / No If no, explain:

FINANCIAL INFORMATION - EMPLOYMENT

Head of Household

Employer's Name

Employer's Address

Employer's Phone Number

Length of Employment

Approximate Yearly Income

Occupation

If additional household members are employed, please attach another sheet and provide employment information.

FINANCIAL INFORMATION - BENEFITS

Type of Benefit

Monthly Amt.

Benefit Claim No.

Name & Address of Agency

Type of Benefit

Monthly Amt.

Benefit Claim No.

Name & Address of Agency

Type of Benefit

Monthly Amt.

Benefit Claim No.

Name & Address of Agency

3 of 3

FINANCIAL INFORMATION - REAL ESTATE

List of any real estate owned.

Address	Approx. Value	Annual Income
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FINANCIAL INFORMATION - STOCK/BONDS

Name & Address of Agent	Certificate No.	Approx. Value	Annual Income
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Name & Address of Agent	Certificate No.	Approx. Value	Annual Income
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FINANCIAL INFORMATION - INTEREST BEARING ACCOUNTS

Name & Address of Depository	Type of Account	Account No.	Annual Income
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The information provided in this application is true and complete to the best of my/our knowledge and belief. I/We consent to the disclosure of such information for the purposes of verification related to my/our application for housing. I/We make this statement willingly and with full knowledge of the penalties under Federal and State Laws should false information be given.

Signature of Applicant

Date

Signature of Co-Applicant

Date

IF YOU HAVE ANY QUESTIONS, IMMEDIATELY CONTACT
THE MERCER COUNTY OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
AT (609) 989-6858

PLEASE RETURN TO:

MERCER COUNTY OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT
MC DADE ADMINISTRATION BUILDING
640 SOUTH BROAD STREET - Room 422
TRENTON, NJ 08650
ATTN: VETERANS RESIDENCE